

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250  
 SACRAMENTO, CA 95815-3832  
 TELEPHONE: (916) 263-3680  
 FACSIMILE: (916) 263-3675  
 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM**
☐

CPA/PA

☐

License Applicant

**Please type or print legibly the following information and sign below.**

New Name \_\_\_\_\_

Former Name \_\_\_\_\_

CPA/PA License No. \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

License Applicant's Unique Identifier No. (if applicable) \_\_\_\_\_

**My name change is a result of:**

☐

Court Order

☐

Marriage

☐

Dissolution of Marriage

☐

Naturalization

☐

Other (specify) \_\_\_\_\_

**You MUST submit one of the following documents with this request:**

- A certified document made by the State Registrar, by a local registrar, or by a county recorder; or
- A Sworn Statement [Form No. 11L-7b (Rev. 5/05)] notarized by a Notary Public.

*I hereby certify, under penalty of perjury, under the laws of the state of California that all statements, answers, and representations on this form are true, complete and accurate.*

\_\_\_\_\_  
 Licensee/License Applicant Signature

\_\_\_\_\_  
 Date

**A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to purchase a new wall certificate, please complete the "Wall Certificate/Pocket ID Replacement Request Form," included in this packet.**

**For Office Use Only**

Date Name Change Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date Pocket ID Ordered: \_\_\_\_\_

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250  
SACRAMENTO, CA 95815-3832  
TELEPHONE: (916) 263-3680  
FACSIMILE: (916) 263-3675  
WEB ADDRESS: <http://www.dca.ca.gov/cba>



## **CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM INSTRUCTIONS**

1. The Name Change Form may be used by:
  - CPA/PA licensees.
  - License applicants.
2. Use this form if you need change your name as a result of the following:
  - Court Order.
  - Dissolution of Marriage.
  - Marriage.
  - Naturalization.
  - Other (explain).

**You MUST submit one of the following documents with this request:**

- **A certified document made by the State Registrar, by a local registrar, or by a county recorder; or**
- **A Sworn Statement [Form No. 11L-7b (Rev. 5/05)] notarized by a Notary Public.**

3. CPA/PA licensees: A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to request a new name on your Wall Certificate, you must include a "Wall Certificate/Pocket ID Replacement Request Form," included in this packet.
4. The signature of the licensee/license applicant is required on the "CPA/PA and License Applicant Name Change Form."
5. Mail this form to:  
California Board of Accountancy  
2000 Evergreen Street, Suite 250  
Sacramento, CA 95815-3832

### **PERSONAL INFORMATION COLLECTION AND ACCESS**

The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant/Public Accountant License Renewal. Sections 5009, 5026 through 5029, 5060, 5070 through 5079, and 5150 through 5158 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a district attorney, a city attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680, regarding questions about this notice or access to records.

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250  
 SACRAMENTO, CA 95815-3832  
 TELEPHONE: (916) 263-3680  
 FACSIMILE: (916) 263-3675  
 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**SWORN STATEMENT**

I \_\_\_\_\_, declare under penalty of perjury under the laws of the state of  
 (Printed Name)  
 California, that all statements, answers and representations on the accompanying “CPA/PA AND LICENSE  
 APPLICANT NAME CHANGE FORM” are true, complete and accurate.

*(Complete the remaining portion in the presence of a Notary Public.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_,  
 (Day) (Month) (City) (State)

\_\_\_\_\_  
 (Signature)

*Note: You must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public.*

**CERTIFICATE OF ACKNOWLEDGMENT**

State of California }  
 County of \_\_\_\_\_ } ss.

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_,  
☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person  
 whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her  
 authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which  
 the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
 NOTARY PUBLIC SIGNATURE

(SEAL)